

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 563215

(3)

1. Corporation Name
SARNEL, INC.



Principal Place of Business
83 ROYAL PALM DR.
FT LAUDERDALE FL 33301

Mailing Address
83 ROYAL PALM DR.
FT LAUDERDALE FL 33301

3. Date Incorporated or Qualified 03/17/1978	3a. Date of Last Report 01/19/1995
4. FET Number 59-1804453	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21. State, Apt. #, etc.	26. State, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25. Country	30. Country

9. Name and Address of Current Registered Agent

STOLL, NELSON
83 ROYAL PALM DR
FT LAUDERDALE FL 33301-8408

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

Signature of person providing information and agent with signature

Signature of Registered Agent or authorized officer

Date

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
1. TITLE	PD	1. TITLE	
2. NAME	STOLL, NELSON	2. NAME	
3. STREET ADDRESS	83 ROYAL PALM DR	3. STREET ADDRESS	
4. CITY-STATE-ZIP	FT LAUDERDALE FL	4. CITY-STATE-ZIP	
5. TITLE	STD	5. TITLE	
6. NAME	STOLL, SARI	6. NAME	
7. STREET ADDRESS	83 ROYAL PALM DR	7. STREET ADDRESS	
8. CITY-STATE-ZIP	FT LAUDERDALE FL	8. CITY-STATE-ZIP	
9. TITLE		9. TITLE	
10. NAME		10. NAME	
11. STREET ADDRESS		11. STREET ADDRESS	
12. CITY-STATE-ZIP		12. CITY-STATE-ZIP	
13. TITLE		13. TITLE	
14. NAME		14. NAME	
15. STREET ADDRESS		15. STREET ADDRESS	
16. CITY-STATE-ZIP		16. CITY-STATE-ZIP	
17. TITLE		17. TITLE	
18. NAME		18. NAME	
19. STREET ADDRESS		19. STREET ADDRESS	
20. CITY-STATE-ZIP		20. CITY-STATE-ZIP	

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14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath. That I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

NELSON STOLL

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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